

Request for Access to KHRIS Form

Department of Employee Insurance
501 High Street 2nd Floor
Frankfort KY 40601
Ph# (502) 564-5494
Fax# (502) 564-5278

Instructions: Complete access form and fax to Lulu Cisse at 502-564-5278

Company Number: _____ **Company Name:** _____

KHRIS Organizational Unit Number (Org. Unit) _____

Requestor's name and title: _____

Please indicate role(s) for person below:

NCP IC I **NCP IC II**

Billing Liaison: Read or Write? _____ **Billor Direct: Read or Write?** _____

Name: _____ **SSN:** _____

Email Address: _____ **KHRIS log in ID** _____

Work Phone Number: _____ **Fax Number:** _____

Access Start Date: _____ **Access End Date:** _____

Are you replacing someone? If so, who _____

Is your fax HIPAA compliant? Yes / No

Need Ceridian WebQE (COBRA Enrollment) Access? Yes / No

Please indicate role(s) for person below:

NCP IC I **NCP IC II**

Billing Liaison: Read or Write? _____ **Billor Direct: Read or Write?** _____

Name: _____ **SSN:** _____

Email Address: _____ **KHRIS log in ID** _____

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